



PEER
MISSISSIPPI

Joint Legislative Committee on Performance
Evaluation and Expenditure Review



A Review of the Mississippi Department of Corrections's Response to the COVID-19 Virus and Use of Federal Funds



MISSISSIPPI DEPARTMENT OF CORRECTIONS

Issue Brief #671
August 16, 2022

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About PEER:

The Mississippi Legislature created the Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER Committee) by statute in 1973. A joint committee, the PEER Committee is composed of seven members of the House of Representatives appointed by the Speaker of the House and seven members of the Senate appointed by the Lieutenant Governor. Appointments are made for four-year terms, with one Senator and one Representative appointed from each of the U.S. Congressional Districts and three at-large members appointed from each house. Committee officers are elected by the membership, with officers alternating annually between the two houses. All Committee actions by statute require a majority vote of four Representatives and four Senators voting in the affirmative.

Mississippi's constitution gives the Legislature broad power to conduct examinations and investigations. PEER is authorized by law to review any public entity, including contractors supported in whole or in part by public funds, and to address any issues that may require legislative action. PEER has statutory access to all state and local records and has subpoena power to compel testimony or the production of documents.

PEER provides a variety of services to the Legislature, including program evaluations, economy and efficiency reviews, financial audits, limited scope evaluations, fiscal notes, and other governmental research and assistance. The Committee identifies inefficiency or ineffectiveness or a failure to accomplish legislative objectives, and makes recommendations for redefinition, redirection, redistribution and/or restructuring of Mississippi government. As directed by and subject to the prior approval of the PEER Committee, the Committee's professional staff executes audit and evaluation projects obtaining information and developing options for consideration by the Committee. The PEER Committee releases reports to the Legislature, Governor, Lieutenant Governor, the agency examined, and the general public.

The Committee assigns top priority to written requests from individual legislators and legislative committees. The Committee also considers PEER staff proposals and written requests from state officials and others.



BACKGROUND

Mississippi Department of Corrections

MISS. CODE ANN. Section 47-5-10 (1972) designates the **Mississippi Department of Corrections** (MDOC) as the state agency tasked with the care and custody of adult offenders committed to MDOC by the courts.

MDOC is responsible for the following active facilities: five state prisons, two private prisons, fifteen county/regional correctional facilities throughout the state, six community work centers, and two restitution centers.

COVID-19

On March 14, 2020, Governor Reeves declared a State of Emergency due to the high risk of a COVID-19 outbreak in Mississippi.

Once COVID-19 was declared a pandemic, it became MDOC's responsibility to protect incarcerated persons from contracting the virus and treating those who had already contracted it.

MDOC received \$20 million from the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act in 2020, and \$80 million in federal funds through the American Rescue Plan (ARPA) Act in 2021.

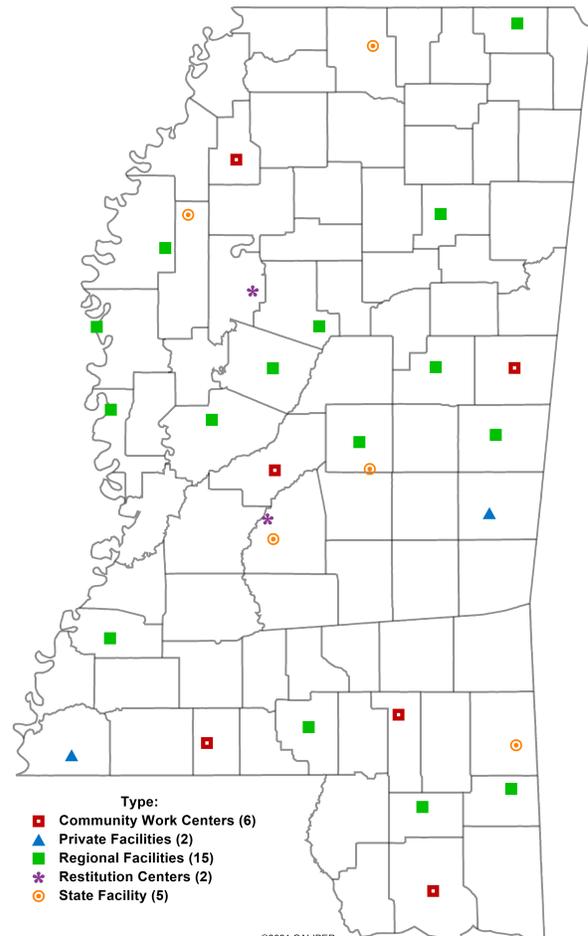
MDOC Facility Types

- State – state-owned and operated
- Private – county-owned, privately operated, but overseen by the state
- County/regional – county-owned and operated, but overseen by the state
- Community Work Center – state-owned and operated as alternatives for inmates
- Restitution Center – county-owned and operated as alternatives for inmates

MISS. CODE ANN. § 47-5-10

The Mississippi Department of Corrections shall have the following powers and duties:

- to provide for the care, custody, study, training, supervision, and treatment of adult offenders committed to the department;
- to maintain, administer, and exercise executive and administrative supervision over all correctional institutions and facilities used for the care and custody of adult offenders committed to the department;
- to plan, develop, and coordinate a statewide, comprehensive correctional program designed to train and rehabilitate offenders in order to prevent, control, and reduce recidivism;
- to maintain records of persons committed to it, and establish programs of research, statistics and planning; and,
- to cooperate with other departments, agencies, and local communities to develop better correctional services in this state.



Purpose of Issue Brief

This issue brief addresses MDOC's initial and current responses to COVID-19. MDOC's Division of Institutions (including state-owned prisons, private prisons, joint county/regional prisons, and other correctional facilities) responded to COVID-19 based on the Centers for Disease Control's (CDC) *Interim Guidance on Management of Coronavirus Disease 2019 in Correctional and Detention Facilities*.

In addition, this brief provides an overview of COVID-19 statistics regarding the number of positive cases, vaccination rates, and COVID-19 deaths by MDOC facility.

Lastly, this brief addresses lessons learned during the COVID-19 pandemic that could be applied to future health emergencies, reviews MDOC's use of COVID-19 federal funds, and compares MDOC's medical expenditures prior to and during the COVID-19 pandemic.

Scope Limitations

COVID-19 data provided by MDOC does not include each of the active facilities currently operated or administered by the department. For example, not all of the MDOC community work centers were included in the data provided to PEER (e.g., Madison County). In addition, some facilities were not included because of the timeframe of the data (i.e., Walnut Grove Correctional Facility was reopened as a state facility in November 2021).

MDOC COVID-19 statistics were provided to MDOC from its contracted medical services provider, VitalCore Health Strategies, LLC (VitalCore). COVID-19 testing and vaccination data is self-reported to VitalCore by the county/regional and other non-state correctional facilities. Therefore, VitalCore notes that some of the data may not be provided by each facility, or that some of the data as provided by these facilities may be erroneous. For example, the Flowood Restitution Center reported a 900% first-dose vaccination rate (which cannot exceed 100%).

MDOC's Responses to the COVID-19 Virus

MDOC focused its efforts to limit the spread of COVID-19 within its facilities rather than on testing inmates to determine exposure for early identification of COVID-19 cases.

Executive Order Number 1457 (March 4, 2020) created the Mississippi Coronavirus Preparedness and Response Planning Steering Committee, headed by the Mississippi State Health Officer, to act as an advisory council in matters related to Mississippi's pandemic preparedness and response plan. It further stated that all executive branch agencies shall fully cooperate with this steering committee.

Executive Order No. 1458 declared a state of emergency in Mississippi.

Governor Reeves issued a proclamation on March 14, 2020, declaring a state of emergency in Mississippi as a result of the outbreak of COVID-19, based on the first case of the virus confirmed by the Mississippi State Department of Health (MSDH) on March 11, 2020.

Acting under authority granted by Governor Reeves's Executive Order No. 1458 (March 14, 2020), MDOC focused on actions meant to limit the spread of the virus within MDOC facilities.

Once the COVID-19 state of emergency was established in Mississippi, it became MDOC's responsibility to protect incarcerated persons from contracting the virus and treating those who had already contracted it. MDOC implemented precautionary measures to protect MDOC staff, inmates, volunteers, and visitors from potential exposure to the coronavirus (e.g., suspending visitation and suspending many in-person programs or activities).

MDOC implemented these safety protocols until November 1, 2021, when operations returned to pre-COVID-19 procedure.

Timeline of MDOC COVID-19 Mitigation Efforts

March 2020

MDOC suspended visitation at all facilities where inmates are housed, and it suspended inmate transfers both from county jails and in-between MDOC facilities.

MDOC made arrangements for inmates to be able to make two free phone calls of up to five minutes each per week for one month.

April 2020

Individuals on probation, parole, house arrest, or any other form of community supervision are to report by telephone.

MDOC began screening employees daily when reporting to work, posted signage throughout MDOC facilities listing COVID-19 symptoms, and began isolating and quarantining any inmate or housing unit presenting symptoms.

Inmates at select facilities began working to make masks and gowns through the Mississippi Prison Industries Corporation (MPIC).

May 2020

MDOC began providing masks, gloves, hand sanitizer, and antibacterial soap to inmates.

December 2020

MDOC took more aggressive efforts to protect the inmates and staff: electrostatic sprayers, ultraviolet sterilization lights, air purifiers, walk-through sanitation stations, and re-opening some facilities to enhance social distancing.

March 2021

MDOC received 3,500 doses from MSDH to mass inoculate all of CMCF without regard to age or medical condition. Commissioner Burl Cain noted that MDOC was inoculating Mississippi's state prisons first, one prison at a time.

Analysis of CDC's *Interim Guidance on Management of Coronavirus Disease in Correctional and Detention Facilities*

MDOC adopted policies and procedures in its Pandemic Response Plan that aligned with CDC's guiding principles for correctional facilities. However, it is unclear if MDOC implemented all of these policies and procedures with fidelity.

To provide guidelines for correctional and detention facilities, CDC developed *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (Interim Guidance)*.

Interim Guidance guidelines and recommendations were developed to assist correctional and detention facilities in preparing for potential introduction, spread, and mitigation of COVID-19. Since its original publication, *Interim Guidance* has been updated twice.

PEER reviewed recommendations in *Interim Guidance* to ascertain if MDOC's policy and procedures to combat COVID-19 aligns with CDC's advice for mitigating and preventing transmission of the virus in correctional facilities.

As shown in Exhibit 1 on page 4, PEER staff selected a sample of 24 recommendations from the *Interim Guidance* to determine if MDOC's COVID-19 Pandemic Response Plan was in conformity with CDC's guiding principles for correctional facilities.

After a review of MDOC's COVID-19 Pandemic Response Plan, PEER found that each of the 24 recommendations were compliant with CDC's guiding principles. However, it is unknown to what extent MDOC implemented the response plan with fidelity.

For example, MDOC leadership stated that its primary focus was on preventing COVID-19 from spreading in correctional facilities rather than on testing asymptomatic inmates to determine exposure for early identification of COVID-19. (See further discussion on page 5.)

Exhibit 1: MDOC COVID-19 Pandemic Response Plan’s Conformity with CDC’s *Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities*

Guidelines	Recommendations for Operational Preparedness, Prevention, and Management of COVID-19	MDOC Response Plan
Communication	Post signage throughout the facility to encourage people in the facility to protect themselves.	✓
Operations	Stay in communication with partners about the facility’s current situation.	✓
	Communicate with the public about any changes to facility operations, including visitation programs.	✓
	Limit transfers of incarcerated persons to and from other jurisdictions and facilities.	✓
	Consider suspending programs that involve movement of incarcerated individuals in and out of the facility (e.g., work release).	✓
	Consider suspending co-pays for incarcerated persons seeking medical evaluation for possible COVID-19 symptoms, to remove possible barriers to symptom reporting.	✓
Cleaning and Disinfecting Practices	If COVID-19 cases have not yet been identified inside the facility or in the surrounding community, begin implementing intensified cleaning and disinfecting procedures according to CDC recommendations.	✓
	Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas.	✓
	Ensure adequate supplies to support intensified cleaning and disinfecting practices, and have a plan in place to restock rapidly if needed.	✓
Hygiene	Encourage all staff and incarcerated/detained persons to wear a cloth face mask as much as safely possible.	✓
	Reinforce healthy hygiene practices, and provide and continually restock hygiene supplies throughout the facility.	✓
	Provide incarcerated/detained persons and staff no-cost access to soap, running water, and hand drying machine or disposable towels, tissues, and face masks.	✓
	Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions.	✓
Prevention Practices for Incarcerated/ Detained Persons	Provide cloth face masks (unless contraindicated) and perform pre-intake symptom screening and temperature checks for all new entrants in order to identify and immediately place individuals with symptoms under medical isolation.	✓
	Consider strategies for testing asymptomatic incarcerated/detained persons without known SARS-CoV-2 exposure for early identification of SARS-CoV-2 in the facility.	✓
	Implement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of symptoms), and to minimize mixing of individuals from different housing units.	✓
	If group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.	✓
	Incarcerated/detained individuals with COVID-19 symptoms should wear a mask and should be placed under medical isolation immediately.	✓
	Medical staff should evaluate symptomatic individuals to determine whether SARS-CoV-2 testing is indicated.	✓
Quarantine for Close Contacts	Incarcerated/detained persons who are close contacts (who test negative) of someone with confirmed or suspected COVID-19 should be placed under quarantine for 14 days. <i>(Currently modified to 10 days)</i>	✓
Cohorted Quarantine for Multiple Close Contacts	As a cohort, quarantined individuals (who test negative) can be housed in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions.	✓
Infection Control	All individuals who have the potential for direct or indirect exposure to someone with COVID-19 or infectious materials should follow infection control practices outlined in the CDC Interim Infection Prevention and Control Recommendations.	✓
Clinical Care for Individuals with COVID-19	Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms.	✓
	Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza). However, presence of another illness such as influenza does not rule out COVID-19.	✓

SOURCE: PEER staff analysis of the Centers for Disease Control (CDC) and Prevention *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*.

MDOC COVID-19 Testing

Commissioner Cain noted that MDOC's strategy was designed to eliminate and mitigate the spread of COVID-19 rather than focusing on testing for early identification of the virus. According to MSDH leadership, MDOC even declined additional direct financial support through a COVID-19 testing program designed for correctional facilities.

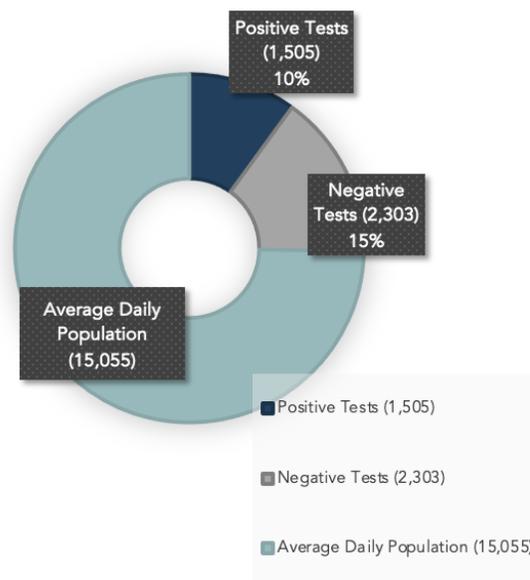
According to MDOC records, during the COVID-19 pandemic, state inmates were primarily housed in 26 different facilities throughout the state. Most of the MDOC inmates were housed in non-state facilities (51%), such as private prisons and county/regional facilities. The remaining inmates were housed in state-owned facilities (49%). MDOC relied on either VitalCore or county/regional operators for most of its COVID-19 data.

MDOC reported its first confirmed COVID-19 case on April 13, 2020. MDOC provided the total number of COVID-19 tests for calendar year 2021 through May 3, 2022, by facility. (See Figure 1.) During this timeframe, MDOC reported administering 3,808 COVID-19 tests. Of the total COVID-19 tests administered by MDOC, 1,505 inmates tested positive (39.5%) and 2,303 inmates tested negative (61.5%) for the virus.

Along with the total number of tests, MDOC also provided an average daily population (ADP) totaling 15,055 inmates as of May 3, 2022, to use as a point of comparison. Based on this ADP, 3,808 tests would be equivalent to an approximate 25% testing rate among state inmates housed at the 26 facilities for which MDOC provided data.

Of those tested in comparison to the ADP, the 1,505 confirmed COVID-19 positive tests represent roughly 10% of the ADP and the 2,303 confirmed negative tests represent roughly 15% of the ADP.

Figure 1: COVID-19 Testing Data as of May 3, 2022



According to the World Health Organization (WHO), a positivity rate equal to or greater than 5% generally means that the transmission of COVID-19 is relatively high or that the number of tests administered is too low for the population being measured. Using this metric, it is possible that MDOC should expand its testing rate to achieve a lower positivity rate.

MDOC Declined COVID-19 Testing Funds

MDOC declined additional direct support from MSDH for federal funding from CDC for "testing asymptomatic individuals (which can include testing on transfer), outbreak testing, and diagnostic testing for symptomatic persons." MSDH offered financial support in return for voluntary participation in a COVID-19 testing program at correctional facilities through one of two options.

MSDH provided MDOC with two optional programs designed for correctional facilities that would utilize federal funding to reimburse COVID-19 tests administered in accordance with MSDH recommendations.

In Option 1, MDOC would agree to conduct the testing using its staff following MSDH testing recommendations. MDOC's participation would have required a signed agreement with MSDH and adherence to its recommendations for testing. MSDH would have provided the tests directly to the correctional facility and MDOC would have received a \$10 reimbursement per test conducted and reported to MSDH.

In Option 2, MDOC's medical provider (VitalCore) would conduct the testing following MSDH recommendations. MDOC would have been required to provide a letter of support for VitalCore and VitalCore would have entered into a signed agreement with MSDH on how to conduct tests on inmates and staff. MSDH would have provided the tests directly to VitalCore and it would have received a \$10 reimbursement per test conducted and reported to MSDH.

According to MSDH leadership, it reached out to MDOC on multiple occasions, but MDOC showed no interest in receiving this direct financial support for COVID-19 testing in correctional facilities.

MDOC COVID-19 Vaccination Rates

MDOC administered the COVID-19 vaccine at a much higher rate in comparison to the general population (i.e., 93% of inmates vaccinated with at least one dose versus 65.2% of the Mississippi population ages 18 through 64).

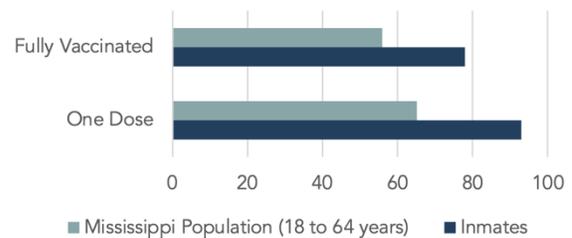
MDOC began mass vaccinations of inmates on March 19, 2021, when it received 3,500 doses from MSDH to inoculate all of Central Mississippi Correctional Facility (CMCF) without regard to age or medical condition.

As of May 3, 2022, MDOC reported it has administered the first dose of vaccine to 13,954 inmates, or 93% of the average daily inmate population, the second dose of the vaccine to 11,681 inmates, or 78% of the average daily inmate population, and a booster dose to 3,870 inmates, or 26% of the average daily inmate

population. (See Exhibit 3 on page 11 for the number of first, second, and booster vaccine doses by facility.)

To compare the vaccination rates provided by MDOC to the Mississippi general population, PEER used data reported by MSDH to CDC for the Mississippi population ages 18 through 64. PEER selected this age group as it would likely be the closest reflection for the majority of state inmates in MDOC custody. According to this data (as of June 6, 2022), the vaccination rate for this age group receiving at least one dose is 65.2%, and the vaccination rate for this age group being fully vaccinated (i.e., two doses or one dose of Johnson & Johnson) is 55.9%.

Figure 2: Comparison of Vaccination Rate Percentages: General Mississippi Population versus MDOC Inmate Population



As shown in Figure 2, MDOC inmates receiving at least one vaccine dose were almost 28% higher than the general population ages 18 through 64. MDOC inmates being fully vaccinated were about 22% higher than the general population.

According to a MDOC press release (March 19, 2021), "other states have had as high as 40-percent of inmates refusing the vaccine, Mississippi has only experienced about one-percent refusal." In regard to the high vaccination take-up rate, the MDOC press release stated that "After each shot, Commissioner Cain offered chocolate chip cookies to each inmate."

MDOC stated in the press release that while vaccinations are not mandatory, vaccinations are one of the best tools to protect other inmates and allow them to resume some sense of normalcy (e.g., visitation with loved ones).

MDOC COVID-19 Inmate Deaths

According to VitalCore, COVID-related deaths account for only 1.8% of the total reported positive cases. However, it is uncertain if this number is reflective of the true COVID-related death count.

MDOC obtained records from VitalCore and provided to PEER the total number of COVID-19 deaths for calendar year 2021 through May 3, 2022. According to these records, 27 inmates have died from COVID-19 or due to complications from the virus. This accounts for only 1.8% of the 1,505 positive confirmed cases.

PEER attempted to confirm this COVID-19 death count through MDOC's internal medical records

housed at the MDOC central office. However, these internal medical records listed 10 COVID-related deaths in 2020 and only 3 COVID-related deaths in 2021.

To further compound the uncertainty of confirmed COVID-related deaths for inmates in MDOC custody, PEER contacted the Mississippi Department of Public Safety (DPS). The State Medical Examiner's Office within DPS is required to conduct an autopsy on any person who dies while in state custody and is granted such authority through MISS. CODE ANN. § 47-5-151 (1972). According to the Office of Forensic Laboratories within the State Medical Examiner's Office, there have been only 20 confirmed COVID-related deaths for persons in MDOC custody.

MDOC's Use of Special COVID-19 Funds

MDOC received \$20 million from the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act in 2020, and \$80 million in federal funds through the American Rescue Plan (ARPA) Act in 2021.

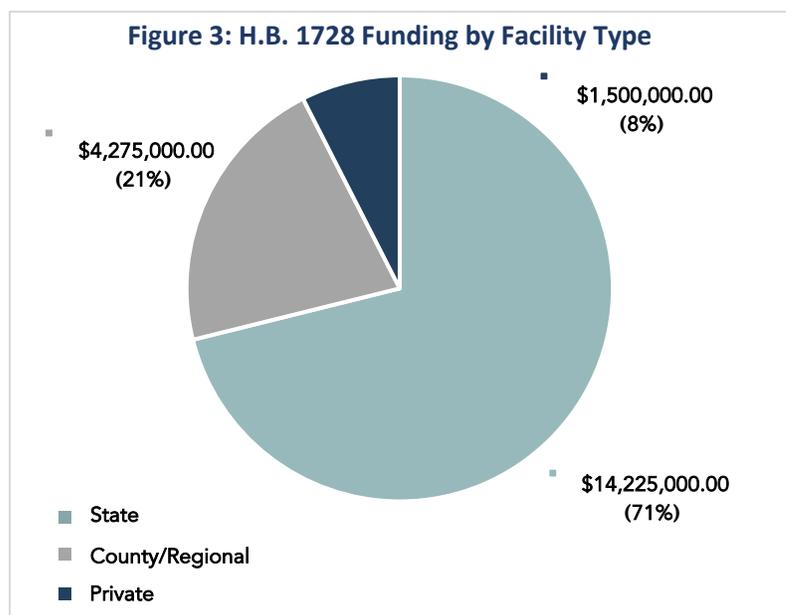
House Bill 1728

During the 2020 Regular Session, H.B. 1728 appropriated additional funds to support various state agencies during the COVID-19 pandemic. The funds were appropriated from the Budget Contingency Fund as part of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act.

MDOC received \$20 million to be used to address issues related to the pandemic. Figure 3 illustrates the distribution of the \$20 million among MDOC's three types of correctional facilities (i.e., state, county/regional, and private).

MDOC's state prisons received the majority of federal COVID-19 dollars (71%), followed by county/regional facilities (21%), and private prisons (8%).

Figure 4 on page 8 presents MDOC's estimated COVID-19 expenses by category (e.g., equipment, software and subscriptions).

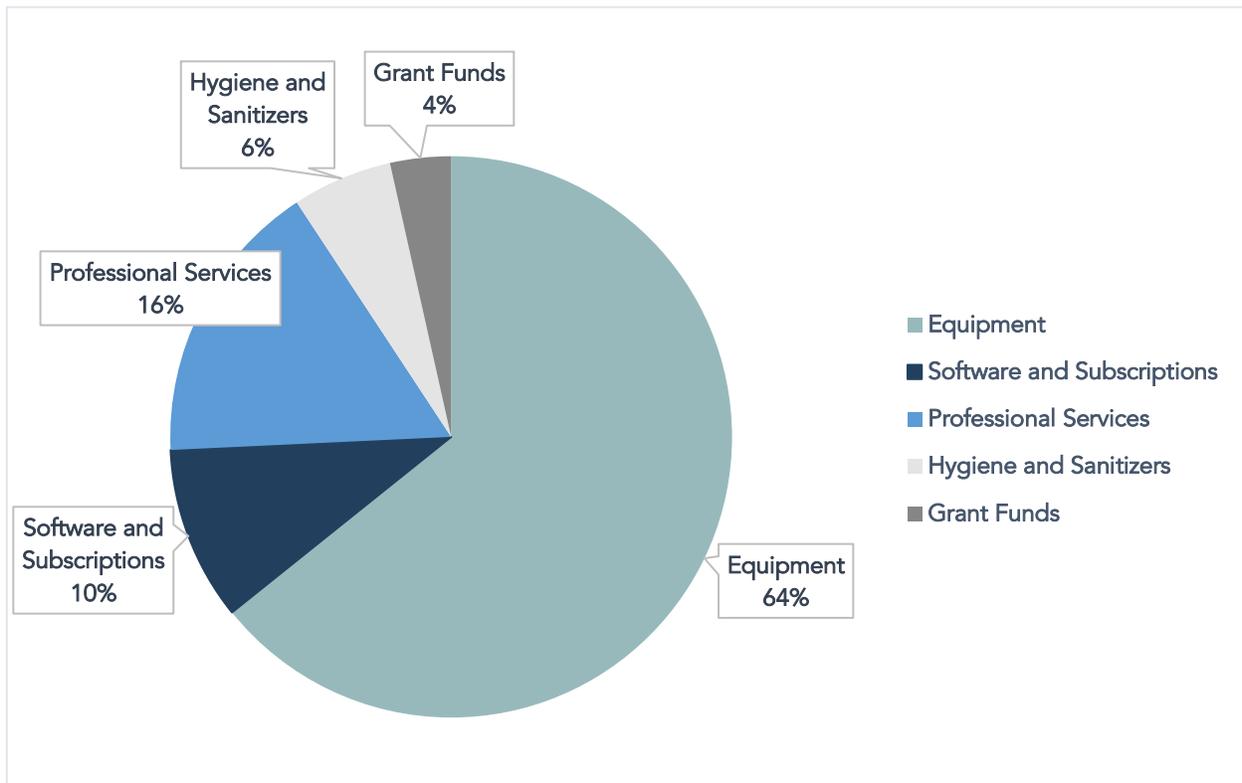


The categories include:

- **Equipment:** video conference monitors, digital signage boards, alternative learning devices with secure modems, tablets, artificial intelligent enabled cameras network switches, telehealth carts, and peripheral instrument sets to HVAC Units;
- **Professional services:** installation and configuration of HVAC and power modifications, circuit upgrades, and cabling;
- **Software and subscriptions:** collaboration licenses and support, digital sign licenses and subscriptions, educational software, and community corrections virtual officer-offender contacts and supports;
- **Hygiene and sanitizers:** electrostatic sprayers, chemical solutions and germicide, and personal protective equipment (PPE) supplies and protective suits; and,
- **Grant funds:** made available to MDOC via DPS for use as a budget shortfall protection and used to purchase items from the previously mentioned categories.

As illustrated in Figure 4, equipment was the highest expense, then professional services, software and subscriptions, and hygiene and sanitizers. Grant funds used to purchase items in these categories was the smallest expenditure.

Figure 4: CARES Act, Total Estimated COVID-19 Expenditures by Category



SOURCE: PEER staff analysis of data provided by MDOC.

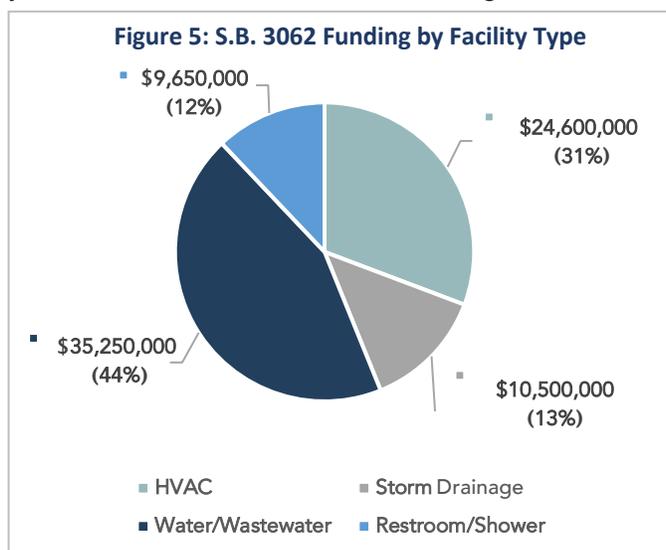
Senate Bill 3062

Appropriated through S.B. 3062 of the 2022 Regular Session, MDOC received \$80 million in federal funds through the American Rescue Plan (ARPA) Act of 2021. Funds were specifically intended for capital projects at MDOC facilities. MDOC compiled a list of 28 projects across 12 correctional facilities using ARPA funds.

Figure 5 illustrates how MDOC distributed the \$80 million dollars to 12 of the correctional facilities to improve prison infrastructure.

As demonstrated in this exhibit, 44% of funds were obligated for water and wastewater, 31% for HVAC units, 13% for storm drainage, and 12% for restrooms and showers.

According to the MDOC ARPA project list, the Central Mississippi Correctional Facility received the most funds in the HVAC, storm drainage, and restroom and shower categories. The Mississippi State Penitentiary received the most funds for water and wastewater treatment.



MDOC's Medical Expenditures

While MDOC medical spending continued to increase from FY 2018 through FY 2021, the greatest increase in medical spending was attributed to the change in the contracted medical provider prior to the COVID-19 pandemic.

MDOC provides comprehensive medical, dental, and mental health services to all incarcerated persons in its facilities. These medical services are provided by a contracted medical service provider.

While services vary from institution to institution, the primary services provided include:

- healthcare providers (e.g., physicians, nurse practitioners) available 24 hours a day, seven days per week;
- dentists and dental services; and,
- psychologists, psychiatrists, and mental health services.

PEER sought to determine to what extent the prevalence of the COVID-19 pandemic affected MDOC's overall medical spending.

Exhibit 2 below illustrates MDOC's actual medical spending for FY 2015 through FY 2022.

Exhibit 2: MDOC Actual Medical Spending for FY 2015 through FY 2022

Year (FY)	Medical Spending (\$)	Amount Change (\$)	Percentage Change (%)
2015	65,285,568	-	-
2016	66,331,029	1,045,461	1.60
2017	66,244,215	(86,814)	(0.13)
2018	65,911,960	(332,255)	(0.50)
2019	76,053,541	10,141,581	15.39
2020	81,655,927	5,602,386	7.37
2021	85,471,048	3,815,121	4.67
2022*	75,604,862	(9,866,186)	(11.54)

*FY 2022 Medical Spending is a Legislative Budget Office estimate.

SOURCE: MDOC budgets, FY 2015 through FY 2022.

MDOC's yearly medical spending remained relatively constant from FY 2015 through FY 2018. MDOC transitioned to a new medical provider, VitalCore Health Strategies, LLC, during FY 2019. This fiscal year also reflected the single largest increase in medical service spending, which increased by 15.39% in comparison to FY 2018.

The COVID-19 pandemic did not necessarily create a significant increase in MDOC medical spending.

Increases in MDOC medical expenditures potentially attributed to COVID-19 would be reflected in total medical expenditures beginning in FY 2020. While MDOC did report increases in MDOC medical spending, the increase in medical spending in FY 2019 was larger than the increases in FY 2020 and FY 2021 combined. In FY 2020, medical spending increased by 7.37%, and in FY 2021 spending increased by 4.67%.

Further, the Legislative Budget Office (LBO) estimates that MDOC's medical spending will

see a decrease by approximately 11.5% for FY 2022. Therefore, it is likely that COVID-19 did not necessarily create a significant increase in MDOC medical spending.

Considerations for MDOC

Based on the review of MDOC's COVID-19 documentation and data provided to PEER, MDOC should consider the following:

- utilize the lessons learned from its COVID-19 Pandemic Response Plan and incorporate applicable elements from this plan into its overall disaster/emergency preparedness strategy;
- review data submitted by both VitalCore and the county/regional facilities to ensure its accuracy, completeness, and validity; and,
- standardize reporting requirements among all facilities so that data is consistently and uniformly captured, reported, and shared among stakeholders.

Exhibit 3: MDOC Cumulative COVID-19 Data as of May 3, 2022^{1,2}

	Facility	Average Daily Population	Positive Tests	Negative Tests	Total Tested	Inmate First Dose	Inmate Second Dose	Inmate Booster Dose
State	CMCF	3,011	155	198	353	3,869	3,870	773
	MSP	1,868	113	341	454	1,742	1,747	430
	SMCI	2,514	397	492	889	2,233	2,132	1,578
Private	EMCF	1,342	52	105	157	967	914	367
	MCCF ³	946	107	105	212	686	184	170
	WCCF	890	13	67	80	662	594	496
County/Regional ^{4,5}	Alcorn	294	0	1	1	218	210	0
	Bolivar	287	4	0	4	225	0	0
	Carroll-Montgomery	262	123	144	267	232	0	0
	Chickasaw	303	32	14	46	275	275	0
	DCF	84	7	9	16	71	68	0
	Flowood	10	1	0	1	90	0	0
	Forrest SF	18	0	1	1	15	0	0
	George County	333	235	118	353	262	260	0
	Holmes-Humphreys	272	0	1	1	272	162	0
	Issaquena	314	51	242	293	219	236	0
	Jefferson County	267	0	0	0	208	222	0
	Kemper County	346	1	0	1	240	201	0
	Leake County	285	10	1	11	240	197	0
	Marion-Walthall	381	15	7	22	277	0	0
	Quitman CWC	26	4	1	5	25	21	0
	Stone County	275	8	3	11	261	256	0
	Tallahatchie	68	47	16	63	0	0	0
	Washington County	100	85	179	264	138	132	56
Winston-Choctaw	267	18	0	18	226	0	0	
Yazoo County	292	27	258	285	301	0	0	
	Totals:	15,055	1,505	2,303	3,808	13,954	11,681	3,870

¹ Data and facilities are reported for calendar years 2021 through 2022 as of May 3, 2022.

² Data may not reflect all of the current active MDOC facilities.

³ Marshall County Correctional Facility (MCCF) became a state-owned and operated facility on September 13, 2021.

⁴ The County/Regional facilities category also includes community work centers and restitution centers.

⁵ County/Regional facilities self-report COVID testing and results to VitalCore. Therefore, VitalCore cannot guarantee that all requested data is being supplied and can only provide data that it can confirm to be accurate via documentation.

SOURCE: VitalCore COVID-19 tracking statistics as of May 3, 2022.



STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS
BURL CAIN
COMMISSIONER

MDOC Response to PEER COVID Report

June 28, 2022

James F. (Ted) Booth
Executive Director
PEER Committees
Post Office Box 1204
Jackson, MS 39215

Dear Mr. Booth:

Enclosed for your review is the Mississippi Department of Correction's (MDOC) response to, "declining federal funding from the Mississippi Department of Health (MSDH) to test asymptomatic individuals, outbreak testing, and diagnostic testing for symptomatic inmates" which is cited on page 5 of PEER's report of MDOC response to the COVID-19 virus.

Response:

MDOC, from the very beginning, believed that keeping the COVID 19 virus out of the prison system was the best approach. To accomplish this MDOC suspended all movements from county jails into the system, visitation, and movements within the system whenever possible. In cases where the virus did get into the system, MDOC followed CDC and MSDH guidelines for COVID mitigation. While MDOC did refuse funding for COVID testing from the Department of Health, this agency did receive many COVID tests from MSDH which were used when needed. Also, MDOC was constantly in contact with the health department throughout the process. In addition, MDOC received substantial federal funds which were used for COVID mitigation.

If you have any questions, please feel free to contact Derrick Garner, Chief of Fiscal Affairs and Budgeting, at 601-359-5215 or dgarner@mDOC.state.ms.us.

Sincerely,

A handwritten signature in cursive script that reads "Burl Cain".

Burl Cain
Commissioner

James F. (Ted) Booth, Executive Director

Legal and Reapportionment

Barton Norfleet, General Counsel
Ben Collins

Administration

Kirby Arinder
Stephanie Harris
Gale Taylor

Quality Assurance and Reporting

Tracy Bobo
Hannah Jane LeDuff

Performance Evaluation

Lonnie Edgar, Deputy Director
Jennifer Sebren, Deputy Director
Kim Cummins
Matthew Dry
Matthew Holmes
Drew Johnson
Billy Loper
Debra Monroe-Lax
Taylor Mullins
Meri Clare Ringer
Sarah Williamson
Julie Winkeljohn
Ray Wright



**A Review of the Mississippi Department of Corrections's Response to the
COVID-19 Virus and Use of Federal Funds**

August 16, 2022

For more information, contact: (601) 359-1226 | P.O. Box 1204, Jackson, MS 39215-1204

Senator Kevin Blackwell, Chair | James F. (Ted) Booth, Executive Director